Immunize Utah

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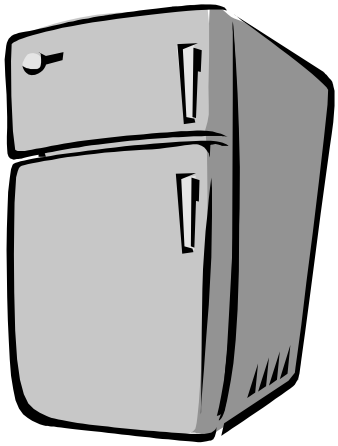
Protect Your Patients—Protect Your Vaccines!

By Rachel Johanson
Utah VFC Program

VACCINE MANAGEMENT refers to the proper handling and storage of vaccines from the time a vaccine is shipped from a manufacturer until it is administered to a patient. Proper vaccine management techniques decrease waste and expiration of vaccines from both your private stock and VFC stock. If a vaccine cannot be administered because of poor vaccine management, your practice and/or the VFC Program loses money! In addition, good vaccine management protects the viability of each vaccine and ensures that every immunization you administer packs the punch necessary to guard against disease! 7 letters: P-R-O-T-E-C-T can summarize basic vaccine management!

P - Personnel must be trained!
The Centers for Disease Control and Prevention (CDC) recommends that ALL staff responsible for the vaccines in your practice be familiar with the correct storage temperatures and handling conditions for each of the vaccines. It is important to train new employees about proper vaccine management, but don't forget your "seasoned" staff may need "refresher courses" now and then.

R – Reconstitute with Care.
Use only the diluent (substance injected into a powdered vaccine to make it a liquid so that it can be administered) that is supplied to reconstitute a vaccine. For example, don't use the MMR diluent to reconstitute the Varicella vaccine and vise versa. Always keep MMR protected from light – even after reconstitution. Use Varicella within 30 minutes, and MMR within eight hours of reconstitution and never pre-draw any vaccine into syringes – draw up the vaccine only as it is needed.



O – Order Sensibly.
Check your doses administered reports, or call the Immunization Program for your order history so you are ordering what you will actually use. Check your inventory at least monthly and always put vaccines with short expiration dates in front of all the other vaccines so they will be used first. NEVER use expired vaccines. Call the Immunization Program within 90 days of expiration of your VFC stock so that we can locate another VFC provider who can use it. Last but not least, return all expired or wasted VFC vaccines to the Immunization Program.

T – "Type up" Standard Operating Procedures (SOPs).
You should have written procedures so your staff knows how to perform immunization-related tasks. Most importantly, your practice should have an SOP that deals with emergency situations. This ensures that all staff know how to protect vaccines in an emergency such as a power outage and what to do with the vaccines when the emergency is over. Such an SOP could potentially save thousands of dollars in lost vaccine! Our staff asks for these SOPs when we do site visits with our providers. Examples of SOPs will be available to you in the near future and can be tailored to fit the individual needs of your practice.

E – Equipment and Vaccines must be Maintained Correctly
(Continued on page 3)

Inside this Issue

Wondering what Utah's Immunization rates are?

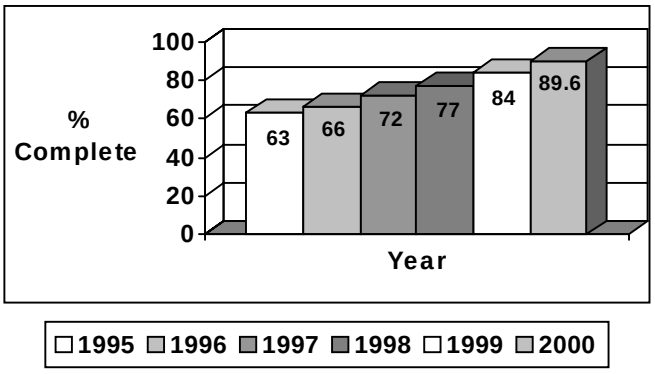
By Felicia Alvarez
Assessment Coordinator

Since 1995, the Utah Department of Health Immunization Program has been conducting annual assessments of immunization records in public health clinics to measure progress toward the year 2000 goal of 90% immunization coverage for 4 DTaP, 3 Polio, and one MMR (4:3:1) at 24 months of age.

In 1995, the original baseline measurement of all Utah public health clinics indicated 62.9% of children's records sampled had completed 4:3:1 by age two years, which was far short of the 90% goal. Since that initial assessment, the public health clinics have shown ongoing improvements. In 2000, 89.4% of children 24 to 35 months of age completed the 4:3:1 series at 24 months of age, which represents a 42% increase from the initial assessment percentage.

For the second straight year Utah has not been last in the national survey. According to the 1999 National Immunization Survey conducted by the Centers for Disease Control and Prevention (CDC), Utah has tied for 22nd place, with 81.7% of children 19 to 35 months of age completing the 4:3:1 series. Although we have of age completing the 4:3:1 series. Although we have not yet achieved 90% coverage for 4:3:1 by the year 2000, results from 2000 public health clinic data indicate that we are not very far off. Combined statewide, Utah's public health clinics have reached 90% or above coverage levels for all individual antigens, including 4 DTaP/DTP/DT (91%). With these encouraging results, we hope to continue improving Utah's immunization rates.

Percent Completing 4:3:1 at 24 months of age
Progress Toward the Year 2000 Goad Utah,
Public Health Clinics, 1995-2000

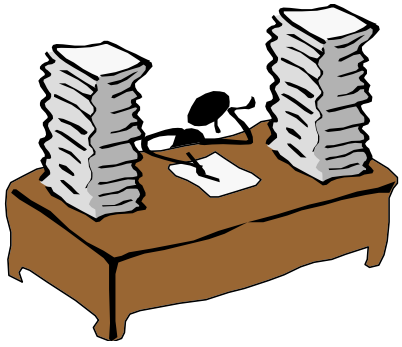


Immunizations-How will you stack up?

By Felicia Alvarez
Assessment Coordinator

Do you know your two year-old immunization rates for your clinic? Do you think your rates are as high as the state's public health clinics? We dare you to find out!

The Utah Immunization Program is available to conduct immunization record assessments of the 2-year-old population in your clinic. How do we do this?
Immunization dates from your medical charts (done strictly confidentially) are entered into a software program available from the Centers for Disease Control and Prevention (CDC). This gives a percentage of children who have completed their shots by age two.



Once we have completed the assessment, we will go over the results with you in your clinic, explain the percentages found, indicate which children have completed their immunizations late, those who are missing immunizations, and those children who are late starters. We even indicate those children who have not been seen in your clinic for over a year. This can give you an idea of who is an "active" or "inactive" client in your clinic.

If interested in this unique and fascinating assessment, please contact Felicia Alvarez or your regional representative to set up a date and time for assessing YOUR immunization rates. Contact the Utah Immunization Program at 801-538-9450.

The refrigerator should maintain temperatures between 36° and 46° Fahrenheit (2° and 8° Celsius) and the freezer should maintain temperatures at or below 5° Fahrenheit (-15° Celsius). Store Varicella in the freezer and don't let it thaw. Store all the other vaccines in the refrigerator but don't let them freeze. Both the refrigerator and freezer should have a thermometer and you should check and record temperatures once in the morning and once at the end of the day. Store diluents or ice packs in the doors of the refrigerator or freezer as insulation, but NEVER STORE VACCINES ON THE DOOR - the temperature fluctuations can damage vaccines. Finally, don't store food in the same refrigerator or freezer with vaccines.

C – Check Vaccine Shipments.
Never place a vaccine shipment directly into the refrigerator or freezer without checking it for discrepancies. If you have any question about whether a vaccine has been damaged during shipment, place the vaccine in the correct storage temperatures, mark it as questionable so that it won't be administered, and call the manufacturer for more information. If it is a VFC shipment, notify the VFC Program as well.

T – Transport Correctly, but Rarely.
If possible, don't transport vaccines once you have received them. If vaccines must be transported, follow standard shipment guidelines. Varicella is particularly sensitive to heat, so it must NEVER be transported without a minimum of 6 pounds of dry ice.

The Immunization Program recognizes how hard providers work to immunize Utah's children and adults, but without good vaccine management, all that work may not result in better protection against vaccine preventable diseases. This article only briefly discusses vaccine management guidelines, but several in-depth publications from the CDC are available upon request. Please don't hesitate to call 801-538-9450 for more information. We also hope to offer online training and other in-services in the near future so keep watching for updates! Until then, remember, Protect your Patients---Protect your Vaccines! ✜

Aventis Pasteur	1-800-822-2463
Wyeth-Ayerst	1-800-572-8221
GlaxoSmithKline	1-800-366-8900 ext. 5231
Merck and Co.	1-800-672-6372
VFC Program	**801-538-9450**

Mark Your Calendars !

National Public Health Week	April 2-8
National Infant Immunization Week	April 22-29
National Immunization Conference Atlanta, GA	May 29-June 1

CDC Satellite Broadcasts

Epidemiology & Prevention of Vaccine Preventable Diseases
Session 4 April 5 10-1:30

Continuing education credits are offered for each broadcast.
For more info. contact Becky Ward at (801) 538-9450.

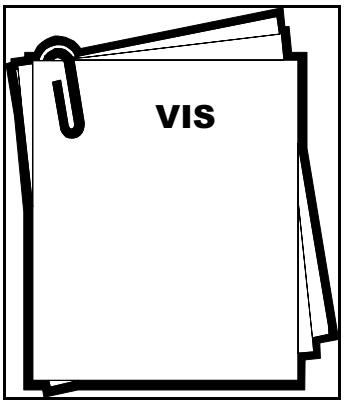
Utah Infant Immunization Week

In conjunction with recognition of National Infant Immunization Week, April 22-28, 2001, the Utah Immunization Program is planning to stage the second "Stop the Spots" media event. A press conference featuring First Lady Jacalyn S. Leavitt,
Dr. Joseph Cramer and students from Mountain View Elementary will be held at the Hogle Zoo in Salt Lake City, April 24 from 10:30 AM-12:00 PM. Mrs. Leavitt is Chairperson of the "Every Child By Two Task Force," and has been a significant influence in raising public awareness regarding the importance of immunizing infants and children by two years of age.

Various other "Stop the Spots" activities will be conducted statewide during this week in public health departments, WIC clinics, community health centers and immunization coalitions. For more information on how you can participate or partner with the Utah Immunization Program, contact Becky Ward, Utah Immunization Program,

It's federal law!!

You must give your patients current Vaccine Information Statements (VISs)



A vaccine complication *in Florida highlights the importance of distributing the most recent VIS to your patients. In 1997, a 3-month-old boy developed vaccine-associated paralytic poliomyelitis (VAPP) following a first dose of OPV. The boy's parents report that their physician furnished them with the 1994 polio VIS at the time of vaccination. The polio VIS had been revised in 1997 to reflect the ACIP preference for sequential use of inactivated polio vaccine (IPV) followed by live polio vaccine (OPV) which made the 1994 polio statement that was given to the parent outdated.*

This article was written by Neal A. Halsey, MD, Director, Institute for Vaccine Safety, Johns Hopkins School of Public Health.

We all understand that the risks of serious consequences following vaccination is many hundreds or thousands of times less likely than the risks associated with the diseases that the vaccines protect against. Most adverse reactions from vaccines are mild and self-limited. Serious complications such as the one in the Florida case are rare, but they can have a devastating effect on the recipient, family members, and the providers involved with the care of the patient. We must continue the efforts to make vaccines as safe as possible.

Equally important is the need to furnish vaccinees (or the parents/legal guardians of minors) with objective information on vaccine safety and the diseases that the vaccines protect against so that they are active participants in decisions affecting their health or the health of their children. When people are not informed about vaccine adverse events, even common, mild events, they can lose their trust in health care providers and vaccines. Vaccine Information Statements (VISs) provide a standardized way to provide objective information about vaccine benefits and adverse events.

VISs are developed by the staff of the Centers for Disease

What are VISs?

Control and Prevention (CDC) and undergo intense scrutiny by panels of experts for accuracy. Each VIS provides information to properly inform the adult vaccinee or, in the case of a minor, the child's parent or legal representative about the risks and benefits of each vaccine.

The VISs are not meant to replace interactions with health care providers who should answer questions and address concerns that the vaccinee or the parent/guardian may have. Before a health care provider vaccinates a child or an adult with a dose of DTaP, DTP, Td, MMR, varicella, polio, Hib,

Use of VIS is mandatory!!

hepatitis B, or Prevnar vaccine, the provider is required by the National Childhood Vaccine Injury Act to provide a copy of the VIS to either the adult vaccinee or to the child's parent/legal guardian. The use of the VIS has been required since 1994.

VISs are also available for influenza, pneumococcal polysaccharide, hepatitis A, meningococcal, and Lyme disease vaccines, and their use is recommended but not required by federal law. They are not required because these additional vaccines are not routinely recommended for children and therefore are not covered by the National Childhood Vaccine Injury Act.

State or local health departments or individual providers may place identifiers on the VISs but any other changes must be approved by the Director of CDC's National Immunization Program. Some of the legal requirements concerning the use of VISs are as follows:

What to do with VISs

1. Before a routine childhood vaccine is administered to anyone (this includes adults!) you must give the patient or the parent/guardian a copy of the most current Vaccine Information Statement (VIS) available for that vaccine. Make sure you give your patient time to read the VIS prior to the administration of the vaccine.

2. You must record in your patient's chart the date that the VIS was given.

3. You must also record on the patient's chart the publication date of the VIS, a date which appears on the bottom of the VIS. As the Florida case above illustrates, it is imperative that you have the most current VIS.
As of November 2000, the most recent version of the VISs are as follows:

DTaP/DT/DTP. . . .8/15/97	MMR. 12/16/98
Td. 6/10/94	Varicella. 12/16/98

"We have an obligation to provide patients and/or parents with information that includes both the benefits and the risks of vaccines. This can be done with the Vaccine Information Statements that physicians are required by law to provide prior to the administration of vaccines."

Walter A. Orenstein, MD, Director
National Immunization Program, CDC

Most current versions of VISs

Polio. 1/1/00
Hepatitis A. 8/25/98
Pneumo (PPV23). . . 7/97
Meningococcal. . . 3/31/00
Hib. 12/16/98
Hepatits B. 8/9/00
Influenza. 4/14/00
Lyme. 11/1/99
Pneumococcal conjugate (PCV7). 7/18/00

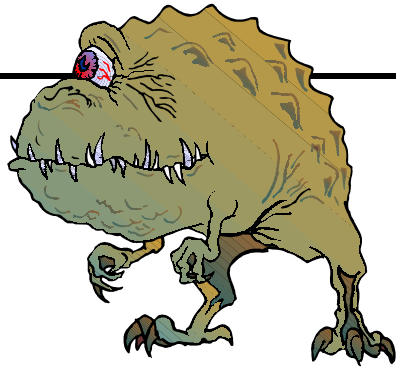
VISs in English and Spanish are available by calling the Utah Immunization Program at (801) 538-9450. They can also be downloaded from the Centers for Disease Control and Prevention (CDC) website at http://www.cdc.gov/nip/publications/vis

How to get VISs

Looking for VIS translations? Foreign language VISs are available from the Immunization Action Coalition's website at www.immunize.org/vis.✯

Article adapted from the Immunization Action Coalition newsletter Needle Tips

Hepatitis B. . .It's Bad, Don't Get It!



By Martee Hawkins, RN
Perinatal Hepatitis B Coordinator

Hepatitis B virus (HBV) is a major public health problem in the United States and the world. There are approximately 300,000 new cases in the United States each year, one third of which are acquired through perinatal or early childhood transmission.

Over 95% of otherwise healthy adults and older children who acquire HBV recover from the infection and suffer no long-lasting effects. In contrast, children who are infected under the age of 1 year stand a 90% chance of developing chronic infection, those under 5 years, a 40-50% chance.

Since 1991, the American College of Obstetricians and Gynecologists (ACOG), the American Academy of Pediatrics (AAP), and the Advisory Committee on Immunization Practices (ACIP) have recommended that all pregnant women be serologically screened for HBV infection. All pregnant women should be routinely tested for hepatitis B surface antigen (HBsAg) at the same time that other routine prenatal screening tests are ordered. This should be done in each pregnancy. In special situations (e.g., IV drug users, those with intercurrent sexually transmitted diseases, or those who have had clinically evident hepatitis) an additional HBsAg test should be ordered before delivery.

Why test every woman? Why don't we just test women who are high risk? Studies have shown that up to 60% of HBV carrier mothers did not fit unto any known risk group. Many obstetric health-care providers lack sufficient knowledge to effectively identify women who are in high-risk categories or appropriately treat infants born to infected mothers. Also, patients may not be honest about behaviors that could put them at risk for HBV infection.

Screening allows for prevention of HBV infection in the infant and treatment of the infected mother. It also enables family members who are at risk to be immunized. Administration of hepatitis B immune globulin (HBIG) and hepatitis B vaccine within 12 hours of birth to all infants born to women who are HBsAg positive is 90-95% effective in preventing HBV infection. The second and third doses of hepatitis B vaccine should also be administered at one and six months of age. It is critical that infants born to HBsAg positive moms receive their immunizations according to this schedule. Babies born to HBsAg negative moms can take advantage of a more flexible immunization schedule. Post vaccination serology should be completed three to nine months after the final dose of vaccine. It is extremely important for the hospital to notify the baby's health-care provider of the mother's positive HBsAg status to ensure the timely competition of the hepatitis B series.

Hepatitis B is a very serious disease. However, it is a very preventable disease through identification of HBsAg positive mothers and proper immunization of infants. ♣

CARE-A-VAN Schedule 2001

April 2001

April 23, Mon
McDonalds, 529 North 700 West, **Centerville**
4-7 pm
April 25, Wed.
Health Sandy Community Project
Sandy Elementary, 8722 S. 280 E., **Sandy**
4-7 pm

May 2001

May 2, Wed.
McDonalds, 312 E. State Rd, **Pleasant Grove**
4-7 pm
May 5, Sat.
Woodstock Elem. Health Fair
Cottonwood High, 5717 S 1300 E, **SLC**
1-5 pm
May 8, Tue.
McDonalds, 365 West 1400 North, **Beaver**
4-7 pm
May 9, Wed.
McDonalds, 1028 West 200 North, **Cedar City**
4-7 pm
May 10, Thurs.
McDonalds, 1180 West State Street, **Hurricane**
4-7 pm
May 11, Fri.
McDonalds, 798 E. St. George Blvd, **St. George**
4-7 pm
May 14, Mon.
McDonalds, 5413 South 1900 West, **Roy**
4-7 pm
May 16, Wed.
Healthy Sandy Community Project
Edgemont Elementary, 1085 E. 9800 S., **Sandy**
4-7 pm
May 19, Sat.
Boys & Girls Club of Murray-Midvale
7631 S Chapel Street, **Midvale**
10-2 pm
May 21, Mon.
McDonalds, 209 S. Main Street, **Tooele**
4-7 pm
May 30, Wed.
McDonalds, 1075 East Gentile, **Layton**
4-7 pm

June 2001

June 4, Mon.
McDonalds, 1111 Washington Blvd., **Ogden**
4-7 pm
June 6, Wed.
Health Sandy Community Project
Parkland Elementary 9955 S 2300 E, **Sandy**
4-7 pm
June 11, Mon.
McDonalds, 950 E. Expressway Lane,
Spanish Fork
4-7 pm
June 14, Thurs.
Migrant Summer School Education Program
Midvale Elementary, 362 W. Center St., **Midvale**
10-2 pm
June 14, Thurs.
McDonalds, 5400 South 3900 West, **Kearns**
4-7 pm
June 18, Mon
McDonalds, 500 South 500 West, **Bountiful**
4-7 pm
June 25, Mon
McDonalds, 955 E. Main, **Price**
4-7pm
June 27, Wed.
McDonalds, 541 South Main St., **Ephraim**
4-7 pm

July 2001

July 9, Mon.
Migrant Summer School Education Program
Lincoln Elementary, 90 S. Center, **Hyrum**
9-1 pm
July 9, Mon
McDonalds, 180 North Main, **Smithfield**
4-7 pm
July 10, Tues
McDonalds, 810 North Main, **Logan**
4-7 pm
July 11, Wed.
Migrant Summer School Education Program
Northridge Elementary, 1660 North 50 East, **Orem**
10-2 pm
July 11, Wed.
McDonalds, 1611 North State, **Orem**
4-7 pm
July 12, Thurs.
McDonalds, 312 State Rd., **Pleasant Grove**
4-7 pm
July 18, Wed.
McDonalds, 2605 North 400 East, **North Ogden**
4-7 pm
July 28, Sat.
Grandparent/Grandchild Day

Utah Museum of Natural History, U of U
1390 President's Circle, **SLC**
10-1 pm

July 30, Mon.
McDonalds, 3464 West 3500 South,
West Valley City
4-7 pm

August 2001

August 1, Wed.
Morgan Courthouse
48 West Young Street, **Morgan**
4-7 pm

August 8, Wed.
McDonalds, 209 S. Main Street, **Tooele**
4-7 pm

August 9, 10, 11 Thurs.-Sat.
Care Fair, Junior League
Horizonte Center, 1234 S. Main, **Salt Lake City**

August 15, Wed.
Healthy Sandy Community Project
Sprucewood Elementary
12025 South 10000 East, **Sandy**
4-7 pm

August 16, Thurs.
950 E. Expressway Lane, **Spanish Fork**
4-7 pm

August 22, Wed.
McDonalds, 4217 South Redwood Rd
Taylorsville
4-7 pm

August 27, Mon.
McDonalds, 955 E Main, **Price**
4-7 pm

August 29, Wed.
McDonalds, 1075 E. Gentile, **Layton**
4-7 pm

Sep-tember 2001

Sept. 5, Wed.
McDonalds, 1111 Washington Blvd., **Ogden**
4-7 pm

Sept. 10, Mon.
McDonalds, 1780 West 7800 South
West Jordan
4-7 pm

Sept. 12, Wed.
Health Sandy Community Project
Crescent Elementary
11100 South 230 East, **Sandy**
4-7 pm

Sept. 15, Sat
Boys & Girls Club of Murray-Midvale
7631 Chapel St., **Midvale**
10-2 pm

Sept. 17, Mon.
McDonalds, 312 State Rd., **Pleasant Grove**
4-7 pm

Sept. 19, Wed.
McDonalds, 2605 North 400 East, **North Ogden**
4-7 pm

Sept. 24, Mon
McDonalds, 1611 North State, **Orem**
4-7 pm

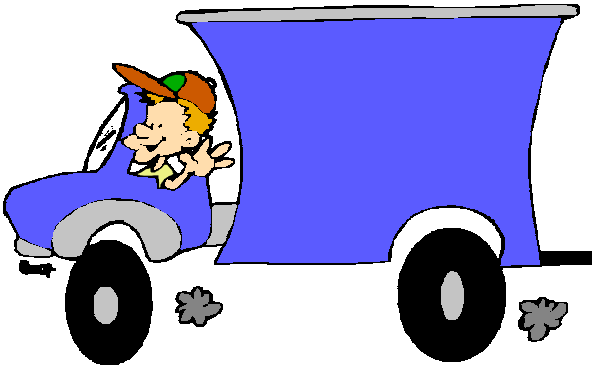
October 2001

Oct. 17, Wed.
Healthy Sandy Community Project
Peruvian Park Elementary
1545 East 8425 South, **Sandy**
4-7 pm

Oct. 24, Wed.
McDonalds, 950 E. Expressway Lane
Spanish Fork
4-7 pm

November 2001

Nov 3, Sat.
Healthy Sandy Community Project
Jordan High School, 95 E. Beetdigger, **Sandy**
9-1 pm



Utah Department of Health
IMMUNIZATION PROGRAM
Immunize for healthy lives

P.O. Box 142001
1460 West 288 North
Salt Lake City, UT 84114-2001

Immunization Quiz: Will you get an A+?

True	False		
❑	❑	1.	Mild illness is a reason to withhold vaccination.
❑	❑	2.	If a mother is breastfeeding, she shouldn't be vaccinated.
❑	❑	3.	A temperature should be routinely checked before vaccinations are administered to children.
❑	❑	4.	A pregnancy test should be routinely done on an adolescent girl prior to her receiving an MMR or varicella vaccine.
❑	❑	5.	If there is an immunosuppressed child in the household, siblings should be given MMR and varicella vaccines.
❑	❑	6.	If the first dose of hepatitis B vaccine was given more than one year ago, you should repeat the dose.
❑	❑	7.	MMR and varicella vaccines can be given to a child whose mother is pregnant.
❑	❑	8.	When a person has an injury and needs protection against tetanus, tetanus toxoid (Tt) should be used instead of tetanus toxoid combined with diphtheria toxoid (Td).
❑	❑	9.	All health care workers (without contraindications) who have contact with patients should receive influenza vaccine.

Test Answers

Did you get an A+? If you missed any of these questions you can find explanations for the answers in the Center for Disease Control and Prevention's "Epidemiology and Prevention of Vaccine Preventable Diseases" (the Pink Book), the American Academy of Pediatrics' 2000 Red Book, or ACIP statements at www.cdc.gov/mmwr.

1-F 2-F 3-F 4-F 5-T 6-F 7-T 8-F 9-T